

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						CHARGE NO.	PILING DATE
						00-1581007	
						REPLACES	
CLAIMS							
AS FILED		APRIL 1st AMOUNT		APRIL 2nd AMOUNT			
IND.	DUP.	IND.	DUP.	IND.	DUP.	IND.	DUP.
1.						61	
2.						62	
3.						63	
4.						64	
5.						65	
6.						66	
7.						67	
8.						68	
9.						69	
10.						70	
11.						71	
12.						72	
13.						73	
14.						74	
15.						75	
16.						76	
17.						77	
18.						78	
19.						79	
20.						80	
21.						81	
22.						82	
23.						83	
24.						84	
25.						85	
26.						86	
27.						87	
28.						88	
29.						89	
30.						90	
31.						91	
32.						92	
33.						93	
34.						94	
35.						95	
36.						96	
37.						97	
38.						98	
39.						99	
40.						100	
41.							
42.							
43.							
44.							
45.							
46.							
47.							
48.							
49.							
50.							
TOTAL IND.	2						
TOTAL DUP.	34	←	→	→	→		
TOTAL CLAIMS	36	████████	████████	████████	████████		4: